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Natalie M. Pimentel, hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313" on January 16, 2004.

PTO/SB/05 (08-03)

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 02-508 First Inventor Sunil G. Warrier et al. Title COMPLIANT STRAIN TOLERANT INTERCONNECTS FOR SOLID OXIDE FUEL CELL STACK Express Mail Label No. EV 335533065 US
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APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450																														
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top; padding-right: 10px;"> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> </td> <td style="width: 85%;"> 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) </td> </tr> <tr> <td style="vertical-align: top;"> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> </td> <td style="vertical-align: top;"> 8. 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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/307,008.																																
Prior application information: Examiner _____ Art Unit: _____ For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																																

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Name (Print/Type) George A. Coury		Registration No. (Attorney/Agent) 34,309		Date 01-16-2004	
Signature 					

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO FEE TRANSMITTAL for FY 2004		<i>Complte if Known</i>			
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<p>Application Number</p> <p>Filing Date</p> <p>First Named Inventor</p> <p>Examiner Name</p> <p>Art Unit</p> <p>Attorney Docket No.</p>		<p>Sunil G. Warrier et al.</p>			
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																									
<p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input type="checkbox"/> Deposit Account:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Deposit Account Number</td> <td>02-0184</td> </tr> <tr> <td>Deposit Account Name</td> <td></td> </tr> </table> <p>The Director is authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>		Deposit Account Number	02-0184	Deposit Account Name		<p>3. 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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	George A. Coury	Registration No. (Attorney/Agent)	34,309
Signature	Date January 16, 2004		

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